Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3252AGC	A. BUILDING _____ B. WING _____	C 12/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA ALL STAR CARE HOMES	5525 ROSE THICKET STREET LAS VEGAS, NV 89130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility 12/15/10 through 12/27/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. One resident file was reviewed Complaint #NV00027144 was substantiated. See Tag Y0938. Other deficiency identified during the investigation: Tag Y0878.	Y 000		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 12/15/10, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #1 missed three days of: Naprosyn 250 mg, Prilosec 40 mg and Restoril 7.5 mg). Severity: 2 Scope: 2	Y 878		
Y 938	449.2749(1)(g)(1) Resident file - ADL Evaluation Admission NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.	Y 938		

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Y 938	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview on 12/15/10, the facility did not perform an evaluation on 1 of 4 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #1). Severity: 1 Scope: 1	Y 938		